

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and Address):  TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
SHORT TITLE:	
<p style="text-align: center;"><b>REQUEST FOR ADMISSIONS</b></p> <p> <input type="checkbox"/> Truth of Facts      <input type="checkbox"/> Genuineness of Documents         </p> <p> <b>Requesting Party:</b>  <b>Responding Party:</b>  <b>Set No.:</b> </p>	CASE NUMBER:

You are requested to admit within thirty days after service of this *Request for Admissions* that

1. ☐ each of the following facts is true (*number each fact consecutively*):

☐ Continued on Attachment 1

2. ☐ the original of each of the following documents, copies of which are attached, is genuine (*number each document consecutively*):

☐ Continued on Attachment 2.



(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY)